



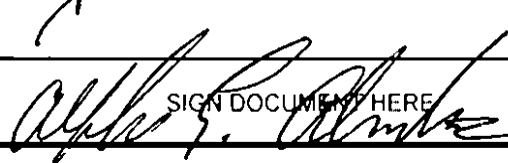
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2021**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FEB 01 2021
STAMP

52050

1. Entity ID Number 62988		2. Exact name of the Corporation ALMEIDA PLUMBING, HEATING & AIR, INC.			
3. Principal Office Address 22 B LARK INDUSTRIAL PARKWAY			City SMITHFIELD	State RI	Zip 02828
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island THE SERVICE AND INSTALLATION OF PLUMBING, HEATING AND AIR CONDITIONING EQUIPMENT.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name ALFRED E. ALMEIDA, III			Vice-President Name ALFRED E. ALMEIDA, III		
Street Address 94 RIDGE ROAD			Street Address 94 RIDGE ROAD		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
Secretary Name ALFRED E. ALMEIDA, III			Treasurer Name ALFRED E. ALMEIDA, III		
Street Address 94 RIDGE ROAD			Street Address 94 RIDGE ROAD		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name ALFRED E. ALMEIDA, III			Director Name		
Street Address 94 RIDGE ROAD			Street Address		
City SMITHFIELD	State RI	Zip 02917	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	COMMON	NONE
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative ALFRED E. ALMEIDA, III, PRESIDENT					Date 1/27/21
Signature of Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov